

KENTUCKY BOARD OF VETERINARY EXAMINERS
P.O. Box 1360
Frankfort, Kentucky 40602

VETERINARY TECHNICIAN ANNUAL RENEWAL FORM

Name:
Address:
City, State, Zip:

License #:
SS#:

☐ Check here if address or name has changed from above.

Section 321.441 of the Kentucky Revised Statutes requires each veterinary technician to renew his/her registration by September 30 of each year. Your current registration will expire September 30, 2003. Failure to renew your registration shall constitute sufficient cause for termination. Registrations not renewed by November 30, 2003 (includes 60 day grace period) will terminate and you are hereby advised at such time that you must CEASE AND DESIST the practice as a veterinary technician in Kentucky.

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- ☐ Complete this form by filling in the information requested below and on the backside. Incomplete forms will be returned.
- ☐ Attach appropriate renewal fee: Forms received without fee will be returned. (Inactive status requires the same fee.) *Checks should be made payable to the Kentucky State Treasurer.*
 - ☐ Renewals mailed on or before September 30, (must be postmarked on or before Sept. 30 - no exceptions) - \$30.00
 - ☐ Renewals mailed October 1, through November 30, (must be postmarked on or before Nov. 30 - no exceptions) - \$40.00
- ☐ Complete the backside of this renewal application for CE credit (including complete dates and hours earned). We cannot accept hours that have not yet been obtained. You must wait and file your renewal documentation after all requirements are met. Each veterinary technician shall be responsible for securing necessary documentation to support proof of attendance. DO NOT attach documentation of CE unless you are audited. If you are audited you must attach proper documentation.
- ☐ Return this form and fee to the address listed above on or before September 30. Any forms which is returned by our office due to incomplete or incorrect information will be subject to late penalties if not returned by deadlines stated above.

1. MUST BE COMPLETED BY ALL REGISTERED ANIMAL TECHNICIANS, ACTIVE OR INACTIVE: (Please Print)

Name: _____

Social Security Number: (Required) _____ License Number AT _____

Address: _____
Street or Box Number City State Zip

Home Phone Number: _____ Work Phone Number: _____

2. Name and Address of Kentucky Veterinarian with whom you are employed: (Completion required for Active status)

Name Name of Practice

Address: Street or Box Number City State Zip

(Reverse Side Must Be Completed)

3. Six (6) Hours of continuing education are required to renew your registration on an active status. List below the hours of continuing education obtained, INCLUDING COMPLETE DATE AND HOURS OBTAINED. Incomplete forms will be returned: (DO NOT attach documentation unless you are audited. It is your responsibility to maintain all documentation):

Course Title	Dates Attended Month/Day/Year	Hours Earned

4. Please mark the appropriate box:

- ☐ Currently on an active Status. (Renewal fee required/Continuing Education required)
- ☐ Requesting to return to an active status. Continuing Education is listed above and employer must sign below.
- ☐ First year graduate. (Continuing Education not required.) Date of graduation: _____
- ☐ Currently on or requesting an Inactive Status. (Same renewal fee required/Continuing Education not required)
- ☐ Requesting Termination. (Renewal fee not required/Continuing Education not required)

YOU ARE REMINDED, YOU MAY NOT PRACTICE AS A VETERINARY TECHNICIAN IN KENTUCKY UNLESS YOU HOLD A VALID, ACTIVE AND CURRENT REGISTRATION BY THIS OFFICE AND YOU ARE EMPLOYED BY A LICENSED VETERINARIAN AND THE BOARD HAS BEEN ADVISED IN WRITING BY YOUR EMPLOYER.

5. TO BE COMPLETED BY LICENSED VETERINARIAN (EMPLOYER): (Completion required for Active status)

I hereby certify that _____ is employed by me as a Veterinary Technician and is rendering satisfactory services as such under my direct supervision

Signature of Kentucky Licensed Veterinarian Employer

Kentucky License No.

Date

I hereby certify that all information provided by me on this form is true and correct to the best of my knowledge. (Signature required for processing. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.)

Signature:

Date:

THIS RENEWAL FORM IS THE ONLY NOTICE YOU WILL RECEIVE CONCERNING RENEWAL

ON-LINE PAYMENT OF YOUR RENEWAL FEE IS AVAILABLE

If you have a MasterCard or VisaCard and are interested in paying your renewal fee electronically, please follow the instructions listed on the Kentucky Board of Veterinary Examiners web site:

<http://occupations.ky.gov>